

PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 305-5463

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10630429	FILING DATE							
						APPLICANT(S)								
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1					51								
2	1					52								
3	1					53								
4	3					54								
5	3					55								
6	1					56								
7	1					57								
8	3					58								
9	1					59								
10	1					60								
11	1					61								
12	1					62								
13	1					63								
14	1					64								
15	1					65								
16	1					66								
17						67								
18	1	1				68								
19	1	1				69								
20	3	1				70								
21	3	1				71								
22	1	1				72								
23	1	1				73								
24	3	1				74								
25	1	1				75								
26	1	1				76								
27	1	1				77								
28	1	1				78								
29	1	1				79								
30	1	1				80								
31		1				81								
32		1				82								
33		1				83								
34		1				84								
35		1				85								
36		1				86								
37		1				87								
38		1				88								
39						89								
40						90								
41						91								
42						92								
43						93								
44						94								
45						95								
46						96								
47						97								
48						98								
49						99								
50						100								
TOTAL IND.						TOTAL IND.								
TOTAL DEP.						TOTAL DEP.								
TOTAL CLAIMS						TOTAL CLAIMS								